

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

10/529171  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/		/			
4	/		/			
5		/		/		
6		2		/		
7		①		/		
8		①		/		
9		①		/		
10		①		/		
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TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	12	←		←
TOTAL CLAIMS			5			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						